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CONFIRMATION NO. 4797

SERIAL NUMBER 10/684,863	FILING DATE 10/14/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. AB-117U1
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APPLICANTS

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verified KOM

** CONTINUING DATA *****

This application is a DIV of 09/866,096 05/25/2001 PAT 6,728,578
which claims benefit of 60/208,627 06/01/2000

verified KOM

** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Envelope-based amplitude mapping for cochlear implant stimulus

FILING FEE RECEIVED 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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